



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 6616

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/522,932 | <b>FILING OR 371(c) DATE</b><br>09/26/2005<br><b>RULE</b> | <b>CLASS</b><br>600 | <b>GROUP ART UNIT</b><br>3737 | <b>ATTORNEY DOCKET NO.</b><br>920602-97903 |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**

James Alexander Sharpe, Edinburgh, UNITED KINGDOM;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/GB03/03726 08/29/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED KINGDOM 0220157.2 08/30/2002

UNITED KINGDOM 0227649.1 11/27/2002

|   |   |   |                            |                           |                                |
|---|---|---|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | <b>STATE OR COUNTRY</b><br>UNITED KINGDOM | <b>SHEETS DRAWING</b><br>4 | <b>TOTAL CLAIMS</b><br>10 | <b>INDEPENDENT CLAIMS</b><br>2 |
| Verified and Acknowledged                                   | Examiner's Signature _____ Initials _____   |   |                            |                           |                                |

**ADDRESS**

23644

**TITLE**

Optical projection tomography

|                                    |   |   |
|------------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>1030 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|------------------------------------|---|---|